



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012200001

CITY OR TOWN **BOXBOROUGH**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HOTEL BOXBOROUGH LESSEE LLC**

DOING BUSINESS AS **HOLIDAY INN BOXBOROUGH WOODS**

ADDRESS **242 ADAMS PLACE**

CITY/TOWN: **BOXBOROUGH**

STATE: **MA**

ZIP CODE: **01719**

MANAGER: **Lavoie, Julien N.**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOMS, COCKTAIL LOUNGE, BANQUET ROOMS, MEETING ROOMS, exhibit room, Garden Courtyard and pavilion lounge. Enclosed pool areas, exterior barbeque areas, as well as in all 143 guest rooms and suites on three floors. Service of ab in pool area limited to plastic containers. Area adjacent to kitchen may be used for storage of stock only.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012200002

CITY OR TOWN **BOXBOROUGH**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ROBERT HIRSCH**

DOING BUSINESS AS **GRAPEVINE**

ADDRESS **104 MASSACHUSETTS AVE.**

CITY/TOWN: **BOXBOROUGH**

STATE: **MA**

ZIP CODE: **01719**

MANAGER: **HIRSH, ROBERT**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**LOCATED ON THE SOUTHERLY SIDE OF MASS. AVE., MAIN RETAIL AREA & STORE ROOM
SITUATED ON 1ST FLR. BASEMENT AREA FOR STORAGE & OFFICE SPACE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012200003

CITY OR TOWN BOXBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & M HOUGHTON, INC.

DOING BUSINESS AS BOXBOROUGH LIQUORS

ADDRESS 1233 MASSACHUSETTS AVE.

CITY/TOWN: BOXBOROUGH

STATE: MA

ZIP CODE: 01719

MANAGER: HOUGHTON,
MICHAEL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A ONE STORY BLDG. LOCATED AT 1233 MASSACHUSETTS AVE. TOTAL FLOOR AREA
APPROX. 3400 SQ. FT. INCLUDING A WALK IN COOLER AND STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)